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OPTOMETRY CORPS

HEARINGS

BEFORE A

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SUBCOMMITTEE OF THE COMMITTEE ON MILITARY AFFAIRS UNITED STATES SENATE

SEVENTY-NINTH CONGRESS

SECOND SESSION

ON

H. R. 3755

AN ACT TO ESTABLISH AN OPTOMETRY CORPS
IN THE MEDICAL DEPARTMENT OF
THE UNITED STATES ARMY

JANUARY 24 AND 25, 1946

Printed for the use of the Committee on Military Affairs



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CONTENTS

January 24, 1946:	Page
Text of H. R. 3755 of 79th Congress.....	1
Statement of—	
William C. Ezell, president, American Optometric Association...	3
Harold M. Fisher.....	5
Arthur R. Neale.....	9
Harry P. Goldin.....	12
Harold Bookstaber.....	14
Daniel M. Levinson.....	16
John E. Craig.....	18
Joseph M. Babcock (with statements of former servicemen)....	20
January 25, 1946:	
Statement of Maj. Gen. Norman T. Kirk, Surgeon General.....	31
Further statement of—	
William C. Ezell.....	35
Joseph M. Babcock.....	36
Statement submitted by—	
William C. Ezell.....	36
Representative Johnson of Oklahoma.....	37

OPTOMETRY CORPS

THURSDAY, JANUARY 24, 1946

UNITED STATES SENATE,
SUBCOMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The subcommittee met, pursuant to call at 10 a. m., in the committee room, United States Capitol, Senator George A. Wilson presiding.

Present: Senator Wilson (presiding).

Also Present: Col. Mason Ladd, Judge Advocate General's Department, Legal Division, Surgeon General's Office, War Department.

Senator WILSON. The committee will come to order.

There have also been appointed on this subcommittee the Senator from Montana, Mr. Murray, and the Senator from Wyoming, Mr. O'Mahoney, as well as myself. They were, unfortunately, detained this morning on public business.

The hearings here will be on H. R. 3755, a bill to establish an Optometry Corps in the Medical Department of the United States Army.

I have a copy of the bill and it will be made a part of the record.
(H. R. 3755 is as follows:)

[H. R. 3755, 79th Cong., 1st sess.]

AN ACT To establish an Optometry Corps in the Medical Department of the United States Army

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the first sentence of section 10 of the National Defense Act of June 3, 1916, as amended (U. S. C., 1940 edition, title 10, sec. 81), is amended to read as follows:

"The Medical Department shall consist of one Surgeon General with the rank of major general, four assistants with the rank of brigadier general (one of whom shall be an officer in the Dental Corps), the Medical Corps, the Dental Corps, the Veterinary Corps, the Medical Administrative Corps, the Pharmacy Corps, the Optometry Corps, a number of enlisted men the authorized maximum of which shall be in each fiscal year such number as shall equal 7 per centum of the average annual pay strength of the active list of the Regular Army and the average strength of all other military personnel on extended active duty with the Regular Army during such fiscal year, the Army Nurse Corps as constituted by law, and such contract surgeons as are authorized by law: *Provided*, That in event of actual or threatened hostilities involving the United States the President may, within the limit of the total authorized strength of the Regular Army, authorize additional enlistments in the Medical Department to such number as he may deem necessary."

SEC. 2. There is hereby established in the Medical Department of the Army a corps to be known as the "Optometry Corps". The Optometry Corps shall consist of sixty commissioned officers in grades from colonel to second lieutenant, inclusive.

SEC. 3. To be eligible for appointment in the Optometry Corps, a candidate must be a graduate of an accredited optometry school or college, approved by the Council on Education and Professional Guidance of the American Optometric Association, and have been engaged in the practice of his profession for at least two years subsequent to graduation.

SEC. 4. Officers of the Optometry Corps shall be assigned to optometrical duty or to administrative duty in connection therewith. When assigned to optometrical duty, an officer of the Optometry Corps shall perform optometrical work determined upon by the appropriate medical officer, who shall be an ophthalmologist.

SEC. 5. (a) An officer of the Optometry Corps shall, subject to the provisions of subsection (b), be promoted to the grade of first lieutenant after three years' service, to the grade of captain after six years' service, to the grade of major after twelve years service, to the grade of lieutenant colonel after twenty years' service, and to the grade of colonel after twenty-six years' service.

(b) Officers of the Optometry Corps shall be examined for promotion in accordance with section 5 of the Act entitled "An Act to increase the efficiency of the Medical Department of the United States Army," approved April 23, 1908 (U. S. C., 1940 edition, title 10, secs. 101 and 102), and with the proviso in the paragraph providing for the pay of officers in the Medical Department of the Army contained in the Act entitled "An Act making appropriation for the support of the Army for the fiscal year ending June thirtieth, nineteen hundred and ten," approved March 3, 1909 (U. S. C., 1940 edition, title 10, sec. 103), and such examination shall be conducted by examining and review boards consisting of one officer of the Medical Corps (who shall be an ophthalmologist) and two officers of the Optometry Corps.

(c) The Act entitled "An Act to extend the provisions of the Act of November 29, 1940 (Public Law 884, Seventy-sixth Congress)," approved May 15, 1945, is amended to read as follows:

"That for the duration of the wars in which the United States is presently engaged and for six months thereafter, the Secretary of War may, in his discretion, dispense with any part of the examination for promotion in the Regular Army of officers of the Medical, Dental, Optometry, and Veterinary Corps- except those relating to physical examination."

SEC. 6. The right of officers of the Optometry Corps to command shall be limited to the Optometry Corps and the Medical Administrative Corps.

SEC. 7. The first and second provisos of section 47c of the National Defense Act of June 3, 1916, as amended (U. S. C., 1940 edition, Supp. III, title 10, secs. 383, 384, and 387a), are amended to read as follows: "Provided, That any medical, dental, pharmacy, veterinary, or optometry student may be admitted to a Medical, Dental, Pharmacy, Veterinary, or Optometry Corps unit of the Reserve Officers' Training Corps for a course of training at the rate of ninety hours of instruction per annum for the four college years, and if at the end of two years of such training he has been selected by the professor of military science and tactics and the head of the institution for advanced training, and has agreed in writing to continue in the Reserve Officers' Training Corps for the remainder of his course at the institution, and has agreed in writing to pursue the course in camp training prescribed by the Secretary of War, he may be furnished, at the expense of the United States, with commutation of subsistence at such rate not exceeding the cost of the garrison ration prescribed for the Army, as may be fixed by the Secretary of War, during the remainder of his service in the Reserve Officers' Training Corps, not exceeding two years: *Provided further*, That any Reserve officer who is also a medical, dental, pharmacy, veterinary, or optometry student may be admitted to such Medical, Dental, Pharmacy, Veterinary, or Optometry Corps unit for such training, under such rules and regulations as the Secretary of War may prescribe."

SEC. 8. The Act entitled "An Act to amend section 10, National Defense Act as amended, with relation to the maximum authorized enlisted strength of the Medical Department of the Regular Army", approved May 14, 1940, is repealed. Passed the House of Representatives September 18, 1945.

Attest:

SOUTH TRIMBLE,

Clerk.

Senator WILSON. We will also make the hearings before the Committee on Military Affairs of the House of Representatives a part of the record, but in making them a part of the record they will not be extended in the record.

In these hearings it is the sense of the subcommittee to hear only matters in addition to the testimony which was submitted in the hearings before the House committee.

We do not care to have any cumulative testimony. Any new testimony we will be glad to have, both for the proponents and opponents of the bill.

You may call your first witness, on behalf of the proponents.

Mr. W. P. McCracken. Our first witness will be Dr. Ezell, who is president of the American Optometric Association.

I would like to have him open up our side; he will be very brief.

STATEMENT OF WILLIAM C. EZELL, PRESIDENT, AMERICAN OPTOMETRIC ASSOCIATION

Senator WILSON. You testified previously before the House committee?

Dr. EZELL. Mr. Chairman, I made just a brief opening statement as president of the American Optometric Association.

Then, I introduced the other witnesses.

Mr. McCracken. He is going to act as the introducer of our witnesses today, Mr. Senator.

Senator WILSON. You are welcome to handle your case any way you see fit. We want you to have a full hearing; but there is no use in taking time on a lot of repetitious matters.

What we want is new testimony.

Dr. EZELL. My name is William C. Ezell and I reside at Spartanburg, S. C., where I am actively engaged in the practice of optometry.

I am president of the American Optometric Association and also for the last 20 years I have been a member of the South Carolina Board of Examiners in Optometry.

A careful survey made in 1944 disclosed that there were 17,264 optometrists licensed and registered throughout the United States; 12,734 of them were engaged in active practice.

There were about 2,000 in the armed forces.

The membership of the American Optometric Association ranges during the year from about 8,000 to 10,000, the peak being reached toward the end of the year. This is due to the fact that to be a member in the national organization one must be a member of his State association and local association, if one exists in his territory.

One of the things that we do not desire to do in presenting our views to your honorable committee is to make a repetition of our presentation before the Military Affairs Committee of the House. That would serve no purpose, for I am sure that the members of your committee have either read or are fully familiar with the testimony which was given before the House committee by both the proponents and the opponents.

I should like to say, however, that the House committee gave this matter a rather exhaustive hearing. There were sessions on Thursday, June 28; Friday, June 29; Tuesday, July 3; Friday, July 6; Monday, July 9; including an afternoon session on that day, with the committee going into executive session, finally unanimously reporting out the bill with certain changes on July 11, 1945.

We have not brought back the same witnesses who appeared before the House. Those whom I respectfully request you to hear will furnish, I believe, additional information and supplement the facts and circumstances brought out at the hearing before the House committee.

We do have present Dr. Henry Hofstetter, of the Ohio State University School of Optometry, and Dr. H. Ward Ewalt, Jr., who is chairman of the Council on Education and Professional Guidance of the American Optometric Association.

Both of these gentlemen are fully familiar with educational matters in optometry and therefore if any questions should arise on that subject, it would be preferable to have either of these gentlemen answer because they are really expert in that field.

Mr. Chairman, we would like to submit for the record some proposed amendments at this time, and to give the reasons why we think they are in order.

Senator WILSON. Very well, we will be glad to have them.

Dr. EZELL. This bill was redrafted by the House Military Affairs Committee at the conclusion of the hearings and we believe there are a few minor changes which should be made in order that when enacted into law it will conform to other legislation establishing corps in the Medical Department of the Army.

Section 3 provides that the candidate for appointment be a graduate of a school accredited by the Council on Education and Professional Guidance of the American Optometric Association.

While this is flattering to our association, we recommend for the sake of uniformity that the school or college should be approved by the Surgeon General, who is a Government official, rather than by a private organization.

In section 4, a new sentence was added to the effect that when an officer of the Optometry Corps is assigned to optometrical duty, he shall perform his work as determined by the appropriate medical officer who shall be an ophthalmologist.

Dr. Vail, who is a recognized authority in the field of ophthalmology, has stated in his editorial, appearing in the November issue of the American Journal of Ophthalmology, that the joker in the bill is that there are so few ophthalmologists.

Since he himself points out this weakness in the bill, we respectfully suggest that this sentence be deleted and the work to be done by the optometrist shall be assigned by the Surgeon General.

Furthermore, the designation of ophthalmologist is conferred by private, not by public authority.

Section 5, which provides that promotion examinations be conducted by examining and review boards consisting of one officer of the Medical Corps who shall be an ophthalmologist and two officers of the Optometry Corps.

For the reasons before assigned, the requirement that the medical officer be an ophthalmologist should be deleted.

We know that the Congress does not intend there shall be a joker in this law when it is enacted, and if an authority as eminent as Dr. Vail points out that the requirement of an ophthalmologist is a joker, we feel justified in recommending these changes.

We, therefore, respectfully suggest the following amendments which are administrative in their nature and do not go to the substance.

Amend section 3 to read as follows:

To be eligible for appointment in the Optometry Corps, a candidate must be a graduate of a recognized optometry school or college, approved by the Surgeon General, and have been engaged in the practice of his profession for at least two years subsequent to graduation.

Amend section 4 to read as follows:

Officers of the Optometry Corps shall be assigned to optometrical duty or to administrative duty in connection therewith by the Surgeon General.

Amend section 5 (b) to read as follows:

(b) Officers of the Optometry Corps shall be examined for promotion in accordance with section 5 of the Act entitled "An Act to increase the efficiency of the Medical Department of the United States Army," approved April 23, 1908 (U. S. C., 1940 edition, title 10, secs. 101 and 102), and with the proviso in the paragraph providing for the pay of officers in the Medical Department of the Army contained in the Act entitled "An Act making appropriation for the support of the Army for the fiscal year ending June 30, 1910," approved March 3, 1909 (U. S. C., 1940 edition, title 10, sec. 103). and such examination shall be conducted by examining and review boards consisting of one officer of the Medical Corps and two officers of the Optometry Corps.

Thank you very much.

Senator WILSON. Thank you, Doctor.

Do you have any questions, Colonel?

Colonel LADD. No, sir.

Senator WILSON. Call your next witness.

Dr. EZELL. I would like to present Dr. Harold M. Fisher, of Mount Kisco, N. Y.

Senator WILSON. Just one moment, please.

Let the record show, too, Mr. Reporter, that the subcommittee has copies of the hearings before the House Committee on Military Affairs sufficient in number to furnish each member of the Senate Military Affairs Committee with a copy.

STATEMENT OF HAROLD M. FISHER, OPTOMETRIST

Dr. FISHER. Sir, my name is Harold M. Fisher and I reside in Mount Kisco, N. Y.

I practice optometry there and also at No. 7 Park Avenue, New York City.

I graduated from Middlebury College with the degree of B. S. in 1927, from Columbia University with the degree of B. S. in optics and optometry in 1929, and from Pennsylvania State College of Optometry with the degree of doctor of optometry in 1931.

In 1934 I took intensive training at the Dartmouth Eye Institute at Hanover, N. H., and was qualified as an aniseikonic clinician as a result thereof.

After completion of my schooling, I engaged in private practice and in May of 1942 I was, in addition, serving as aniseikonic clinician and instructor in physiologic optics at the New York Eye and Ear Infirmary and also held an appointment as lecturer in optometry at Columbia University.

I was then secretary of the New York Academy of Optometry and a member of the executive council of the American Academy of Optometry.

While studying at Dartmouth in the summer of 1934, I became acquainted with Henry A. Imus, an optometrist who later became an important figure in the research work conducted at the Dartmouth Eye Institute. He is now serving with the Navy with the rank, I believe, of lieutenant commander.

In the summer of 1941, Dr. Imus approached me regarding my availability for a research project of great secrecy in which he was then engaged at Fortress Monroe, Va. At that time we were still at peace and my program was full.

After Pearl Harbor my individual program became less important to me and I made several unsuccessful attempts to offer my services to my country in a capacity which would utilize my training and experience.

Since the Army seemed to have no use for me as an optometrist, I wrote to Dr. Imus inquiring whether the need still existed for my services in his project. His response was immediate and favorable, and I became associated with him in project 8 conducted by Princeton University under section D-2 of the National Defense Research Committee which was operating under the authority of the Office of Scientific Research and Development.

This project, conducted by Princeton University at Fortress Monroe, Va., had been engaged, for about 18 months in a study of the stereoscopic height finder for the purpose of finding ways and means of improving its accuracy.

As a result of this study, the project made numerous recommendations to the services as to (1) modification of the instrument, (2) methods of using the instrument, (3) methods of training stereoscopic observers, and (4) methods of selecting men with desirable visual qualifications for training as stereoscopic observers.

At the time I joined the project, the pure research had been completed, the above recommendations had been made, the laboratory at Fortress Monroe had already been abandoned, and some of the equipment and all of the activity of the project were being transferred to Fort Eustis, Va.

I was employed by Princeton to serve with Dr. Imus at various Army installations as a civilian technical consultant to assist and advise the Antiaircraft Command in establishing a program based on the Princeton recommendations, for the selection of men with the necessary visual qualifications for training as stereoscopic observers.

The selection process consisted of a battery of visual screening tests entirely optometric in nature, which were given to all trainees who met certain physical and psychological qualifications.

One of the tests we used was known as the stereovertical test and was done with an instrument called the projection-eikonometer. This was an entirely new type of instrument developed for this purpose by the Princeton project.

The test results were used to select those men with the highest visual qualifications to be sent to special schools to be trained as stereoscopic observers. As a result of using this selection process, it was possible to train better stereoscopic observers in a shorter time and with fewer failures.

It should be recalled that during these early, bleak and discouraging days the great emphasis was on defense, especially antiaircraft defense.

The antiaircraft artillery was an extremely large, rapidly expanding, and most important part of the Army. The 90 millimeter antiaircraft gun was the primary ground defense against the high flying heavy bomber. For this gun to be effective the target must be located accurately.

In those days, before the advent of radar as gun-laying equipment, the stereoscopic height finder was the only accurate means of locating a distant, fast-moving aerial target. It had been found, however, that the stereoscopic height finder was not actually delivering the accurate data of which it was theoretically capable. This was why the Princeton project had been set up in such secrecy, and been carried out with such success. The urgent need for improving the accuracy of the stereoscopic height finder at that time can not be overemphasized.

My status as a civilian technical consultant with Dr. Imus commenced June 1, 1942, and continued to February 24, 1943.

I was employed by Princeton University until January 1, 1943, and thereafter by Brown University.

Dr. Imus and I worked together at Fort Eustis, Va., from June 1 to October 15, 1942. During this period we established a stereoscopic testing center in the antiaircraft replacement center at Fort Eustis; obtained data for the further validation of our tests; made some modifications and improvements of our equipment and methods; and trained cadres of officer and enlisted personnel to serve as nuclei for establishing stereoscopic testing centers at the two other antiaircraft replacement training centers at Camp Wallace, Tex., and Camp Callan, Calif.

On October 15, 1942, I proceeded alone to Camp Wallace to assist the cadre in establishing the stereoscopic center there.

I departed Camp Wallace for Camp Callan on January 1, 1943, to do the same thing at the latter camp, leaving it on February 12, 1943, to return to Fort Eustis to assist in carrying out some further experiments.

While at Fort Eustis during the summer of 1942, we had recommended, upon request, the table of organization for the stereoscopic testing centers suggesting that at least two men in each unit be qualified optometrists. Six enlisted optometrists were transferred to the Coast Artillery Corps for this purpose and it was suggested that these six men be given direct commissions and placed in charge of the stereoscopic testing centers. However, it was found that this was not feasible under existing Army regulations. It was then decided to use Coast Artillery line officers for this purpose.

Unfortunately, as I mentioned before, the summer of 1942 marked one of the lowest points in the war. As a result of the Allied forces being beaten back on all fronts, a serious shortage of antiaircraft officers developed. We, therefore suggested that specialist officers should be selected for the stereoscopic testing centers to release the line officers for duty where their ability could be more fully utilized. Thus, although the six enlisted optometrists could not be granted commissions, a request was initiated through the Adjutant General's Office that six civilian optometrists be directly commissioned in the Army Specialist Corps for duty as officers in charge of the stereoscopic testing centers.

By the time this was accomplished, the Army Specialist Corps had been discontinued and it was therefore necessary that these six civilian optometrists be directly commissioned in the Coast Artillery Corps (antiaircraft).

Senator WILSON. What commission did you have?

Dr. FISHER. That rank I will bring out later, sir.

Senator WILSON. Very well.

Dr. FISHER. One of the colonels with whom I had come into contact by reason of my work as a civilian sent me a letter suggesting that I seek one of these commissions, enclosing application forms for my use, and on February 24, 1943, I was commissioned a captain, CAA (AA).

Does that answer your question?

Senator WILSON. Yes, sir. Proceed.

Dr. FISHER. After my officer's orientation and training courses, I was returned to Fort Eustis and assigned to the AARTC in charge of the stereoscopic testing center there on May 8, 1943. For the next 18 months until November 1944 I served in this capacity at Fort Eustis and subsequently at Camp Stewart, Ga., where this training center was subsequently transferred.

During this period that I served as a stereoscopic testing officer, we sent out numerous mobile stereoscopic testing units to test personnel of the Eastern Defense Command; antiaircraft gun battalions in unit training centers at Camp Edwards, Mass., Camp Davis, N. C., and Camp Stewart, Ga.; Navy personnel of the battleship *New Jersey* at the Philadelphia Navy Yard and Marine personnel of the base artillery battalion at Camp Lejeune, New River, N. C.

One group also devised a system of classification according to visual skill which was used by battery commanders in the selection of personnel for the operation of 40-millimeter and .50-caliber weapons.

While at Camp Stewart we modified our methods so that our visual screening tests were used by the Medical Corps to select men to be sent to the eye, ear, nose, and throat clinic for refraction.

In fact, on several occasions we administered vision tests on special cases sent over here by the medical officer whose dispensary was situated near our testing center.

While at Fort Eustis I was given the responsibility of indoctrinating three of the five other optometrists who had been commissioned from civilian life like myself.

While these three were waiting to be detailed to the Antiaircraft School at Camp Davis, I received an order from the commanding general to supply the station hospital with as many optometrists as I could without impeding the work of the stereoscopic testing center.

I sent the three commissioned optometrists and one enlisted optometrist to the EENT clinic where they worked approximately 1 week and succeeded in cleaning up a backlog of men requiring eye examinations before they could be shipped out for reassignment.

In passing, I should like to observe that I believe this may be the only occasion where optometrists serving as commissioned officers were officially permitted to exercise their professional skill as optometrists in the Army of the United States.

In November 1944 the AARTC at Camp Stewart was inactivated and a letter was initiated by my commanding general under authority of War Department Circular 341, 1944, requesting that I be placed on inactive status since I was over 38 years of age and no suitable assignment was available for me in his command. This letter was forwarded through channels for review by representatives of Air, Ground, and Service Forces, but no other assignment was found for me although at that very time "Optometrist" was listed in a War Department publication as a critically needed specialist.

I reverted to inactive status on January 12, 1945.

Thank you, sir.

Senator WILSON. Colonel Ladd, do you want to ask any questions of this witness?

Colonel LADD. No, sir.

Dr. EZELL. Mr. Chairman, may I present Dr. Arthur R. Neale, of Paterson, N. J.

STATEMENT OF ARTHUR R. NEALE, OPTOMETRIST

Dr. NEALE. Sir, my name is Arthur R. Neale, Jr.

I am an optometrist and practice at No. 140 Market Street, in Paterson, N. J.

After graduating from Paterson High School in 1925, I entered New Jersey Law School where I remained until 1928, at which time I left for the purpose of entering business life.

I became interested in optometry and in 1931 entered Pennsylvania State College of Optometry, from which I graduated in June of 1934.

I entered private practice in August of that year and except for the period during which I was in the Army, I have continuously been in private practice.

I am a member of the New Jersey State Board of Optometric Examiners and a Fellow of the American Academy of Optometry; also 5 years a staff member of Paterson General Hospital Eye Clinic.

I was one of the six optometrists who were directly commissioned as officers. I was commissioned on March 17, 1943, as captain in the Coast Artillery, AA branch.

After indoctrination, I was sent to Officers School at Camp Davis, N. C., for special training on the stereoscopic instrument.

The instrument, equipment, and series of tests previously devised by the Princeton project were designed to select antiaircraft observers from the enlisted personnel, who would be most efficient for that particular purpose.

Prior to the working out of the tests which had been devised, antiaircraft observers had been picked without any complete scientific basis for their selection, with the result that efficiency of observation was not nearly as high as the use of the instruments then employed theoretically warranted.

From April to November 1943, I was attached to a mobile unit which was in demand by AA posts all over the country.

We traveled thousands of miles and examined thousands of men. These men were tested to determine their abilities as antiaircraft observers.

We used a series of tests which were exclusively optometric in nature and as a result we were able to glean out many, many men who, though useful for other purposes, would have failed miserably as antiaircraft observers had they been left in their posts.

As our plans and strategy changed from defense to offense, the previous great need for antiaircraft units lessened.

On Thanksgiving Day of 1943 we were notified that one of the captains would be transferred out of stereo testing for training as a line officer. Our officers' qualifications card were prominently marked that we had been commissioned as optometrists for "specialist work." My orders to "line school" were temporarily revoked.

On January 19, 1944, I received orders sending me to Officers' School at Camp Davis at North Carolina for line training on 40-millimeter guns.

I graduated on April 28, 1944, and after spending 10 days at Orlando Air Base in a course in ground-air liaison, I was ordered to Fort Bliss, Texas—an AA post.

When I arrived at Fort Bliss, the personnel officer was at a loss to know what to do with me since he had no assignment for me and I was placed in an officers' pool.

Since I was sitting around doing nothing particularly useful, I instituted a transfer from Coast Artillery Corps to Medical Administrative Corps, due to recurrent demands for medical administrative officers which came into headquarters from time to time.

The transfer was started on May 28, 1944, and was returned on July 6, 1944, "disapproved due to no vacancy in grade."

In the meantime I had heard of other officers being transferred to Medical Administration and I could not avoid thinking and wondering whether the fact that my officers' qualifications card being marked "Optometrist" had anything to do with the disapproval.

About July of 1944 the personnel officer of the entire AA Command, who had been instrumental in our commissioning, arrived at Fort Bliss. At that time there were two of us commissioned optometrists in the officers' pool, a Captain Gregory and myself.

The personnel officer said that we should have been placed on inactive duty as soon as the stereo testing program had folded.

Inactive-duty proceedings were instituted by Personnel of the AA Command through Personnel of Fort Bliss, and orders putting me on the inactive list came through on September 13, 1944.

I had a number of enlightening experiences while on active duty. While our mobile unit was traveling around examining and testing men we were very often visited by medical officers who uniformly expressed surprise over the splendid routine we were following. Many of them openly voiced the thought that they could not understand why this program was not under the Medical Department.

Even though we explained to them that the program involved in the main optometric theories and techniques, they still permitted their feelings to come to the surface by insisting that nevertheless the Medical Department should have charge of this work.

While we were at Fort Eustis, we received a request to send over four or five of the optometrists among our enlisted personnel to the station hospital.

The station hospital at that time had an overload of work. Four of us officers went over with one enlisted optometrist and helped the medical personnel catch up with the backlog of eye examinations.

Although the period during which we practiced optometry as optometric officers is admittedly short, my own observation prompts me to state that the optometric officers and the medical officers worked in fine, cooperative fashion. There was no conflict of authority between us. Each group did its own work and we were able to eat into the backlog which had slowed down the eye examinations.

I believe, with all due modesty, that we optometrists were a necessary adjunct to the AA Command in solving their problem, in finding efficient range finder readers and in actually formulating a program through which the command was better able to select gunners, range setters, and others.

I also believe that when the importance of antiaircraft began to lessen due to our invasions, first in Africa and then in Europe, that there was still need for us in the medical department and in the Medical Administrative Corps. That we were not used and that our technical skill and training were not utilized demonstrates the need for a separate Optometry Corps and the commissioning of optometrists in that corps.

Senator WILSON. You referred to examinations which you gave at that hospital. Were those examinations conducted under supervision?

Dr. NEALE. The examinations were conducted, sir, to clear up the backlog, following the usual procedures at the station hospital.

Senator WILSON. You did that on your own or under the supervision of a doctor?

Dr. NEALE. The prescriptions that were turned out, as far as I know from my own experience, were filled from that point on.

I probably am not as familiar with this as Dr. Fisher may have been.

Colonel LADD. May I ask a question?

Senator WILSON. Surely.

Colonel LADD. You would have been willing to serve in the Medical Administrative Corps?

Dr. NEALE. To perform optometrical services, certainly. I would have been glad to serve if I could have had a job to do.

Colonel LADD. And if that had been available, you would have considered that as your desire, and you would have filled the need?

Dr. NEALE. I was in a frame of mind where I wanted to contribute my services and to help out as much as I could, as long as there was need for my particular talent.

Colonel LADD. What you wanted to get into was the Medical Administrative Corps, in the performance of these duties?

Dr. NEALE. I instituted the transfer to the Medical Administrative Corps with the idea that at the time the optometrical program for which I had been commissioned had folded.

Colonel LADD. I see.

Dr. NEALE. As I was commissioned and in the Army, if I could be of value, considering my background—not necessarily my immediate optometrical education, but my professional background as well—I thought that if I could be of value, I would go ahead and attempt to use it, if that could be done.

It seemed as if the Medical Administrative Corps at that time would not accept that.

Colonel LADD. The other duties you performed and for which you were commissioned when you went into the Army did not relate to the care of the human eye, but rather were in relation to the other devices being used for sight finders and so on?

Dr. NEALE. Yes; that is true.

Colonel LADD. That is all. Thank you.

Dr. NEALE. Thank you, Mr. Chairman.

Senator WILSON. Thank you, sir.

Dr. EZELL. Mr. Chairman, may I present Dr. Harry P. Goldin, of New York City.

STATEMENT OF HARRY P. GOLDIN, OPTOMETRIST

Dr. GOLDIN. My name is Harry P. Goldin, and I am presently residing in New York City.

After graduation from the College of the City of New York with the degree of B. S., I entered Southern College of Optometry, from which I graduated in June of 1942. In the same month I took the examination and was licensed to practice in the State of Tennessee.

I recently finished taking my State board examinations for admission to practice optometry in the State of New Jersey, and as soon as I receive my license I shall practice in that State.

While I was a senior at optometry school, I enlisted in the United States Navy on April 14, 1942. I was called in July of 1942 and was assigned to midshipmen's school at Notre Dame University. From there I was sent to Northwestern University, completing my course on October 30, 1942, when I was commissioned as an ensign.

I was assigned to active duty in the New York area on in-shore patrol until February 12, 1943, when I received orders for sea duty. I began my sea duty on March 6, 1943, in the South Pacific, where I remained on active duty until November 1, 1944. On January 1, 1944, I was promoted to the rank of lieutenant junior grade.

Upon my return to the States, I learned that there was a division in the Bureau of Medicine and Surgery of the Navy known as HS—Hospital Specialty Corps. I further learned that a number of optometrists had been commissioned in this corps and were practicing their profession. I made an application for transfer and on February 4, 1945, I was transferred to HS, being first assigned to the naval supply depot at the Brooklyn Navy Yard.

In April 1945 I was assigned to Brooklyn Naval Hospital, where I practiced the profession of optometry, remaining there until August 1, 1945, when I was released to inactive duty. While at the Brooklyn Naval Hospital I was promoted to the rank of lieutenant senior grade, which is the rank I held at the time of my release to inactive duty.

The Brooklyn Naval Hospital was a very busy place and although I only actually practiced my profession for 4 months, there was compressed into that short period of time a volume of practice which would take one practicing in civilian life years to encounter. There was also a diversity of practice and a variety of cases which would only be met after many years of practice in civil life.

The medical officers and the optometric officers, of whom there were others beside myself, worked in complete harmony and agreement. Both medical and optometric officers conducted refractions. The optometrists did all the field work—that is the charting of blind spots and abnormalities in the patient's field of vision. The moment that I discovered any departure from the normal, I immediately referred the case to an ophthalmologist.

A most cordial relationship existed between the ophthalmologists and the optometrists, and upon any number of occasions an ophthalmologist and I would confer and consult upon an interesting case.

So far as I was able to observe, there was no friction of any kind between the physicians and the optometrists; in fact, the physicians were very happy to have the optometrists assist them by doing the refractive work so that they could apply all of their time to the care of pathological and surgical conditions.

Colonel LADD. I would like to ask a question. You were in the Navy?

Dr. GOLDIN. That is right.

Colonel LADD. You were commissioned in the Hospital Specialty Corps?

Dr. GOLDIN. I was not commissioned in the Hospital Specialty Corps. I was a line officer.

Colonel LADD. A line officer. Then you were assigned to the Hospital Specialty Corps for duty?

Dr. GOLDIN. I applied for it through the Bureau of Medicine and Surgery.

Colonel LADD. Then you were commissioned in that Hospital Specialty Corps?

Dr. GOLDIN. I was transferred from line to that.

Colonel LADD. So your second assignment was really the Hospital Specialty Corps?

Dr. GOLDIN. That is right.

Colonel LADD. And there were quite a number of other optometrists in the Hospital Specialty Corps?

Dr. GOLDIN. That is right.

Colonel LADD. But there were many others who were not performing optometry in the Hospital Specialty Corps?

Dr. GOLDIN. That is true.

Colonel LADD. There were, for example, bacteriologists and chemists?

Dr. GOLDIN. Well, I don't know.

Colonel LADD. What I mean is, it was not an optometry corps, but a separate group utilizing a wide range of people?

Dr. GOLDIN. Well, on the other hand, they formed a department known as the Base Optometric Unit; and they tried to draft optometrists into that corps, purely for that.

Colonel LADD. And when they came in they came in purely for that duty; but there were others who were commissioned in the Navy who came into that corps to perform other duties?

Dr. GOLDIN. Hospital Specialty Corps?

Colonel LADD. Yes, sir.

Dr. GOLDIN. You see, there is a differentiation there between the Hospital Corps and the Hospital Specialty Corps.

Colonel LADD. But, within one of those units, you would have particular officers commissioned to perform work as optometrists and other officers for other duties?

Dr. GOLDIN. In this Hospital Specialty Corps, an optometrist was for optometrical duty.

Colonel LADD. But there were other officers for other duties?

Dr. GOLDIN. I couldn't say.

Colonel LADD. Were there administrative people in the Hospital Specialty Service?

Dr. GOLDIN. No; I would not say that. I think they were in the Hospital Corps.

Colonel LADD. What others were in the Hospital Specialty Corps? Bacteriologists?

Dr. GOLDIN. Bacteriologists—I can't answer that question. I don't know.

Colonel LADD. I don't know the answer either, but I think they are. That is all.

Senator WILSON. Thank you.

Dr. EZELL. Mr. Chairman, I would like to present Dr. Bookstaber, of Montclair, N. J., who will be our next witness.

STATEMENT OF HAROLD BOOKSTABER, OPTOMETRIST

Dr. BOOKSTABER. My name is Harold Bookstaber and I reside at No. 14 Forest Street, Montclair, N. J. I am presently practicing optometry at No. 20 Church Street, in Montclair.

I graduated from the school of optometry at Columbia University in 1929 and conducted private practice until November 7, 1942, when I enlisted in the Army.

My enlistment was the result of a busman's holiday. Living at Montclair with Camp Joyce Kilmer very close at hand, I drove over one Sunday in September of 1942 with a professional curiosity to see how the eye work was being done there. Being a civilian, I was very graciously received and spoke at length with two medical officers who at that time were doing all of the refracting.

As you know, Camp Kilmer was an embarkation point and since the next step for the soldier was the boat across, it was necessary that all who required refraction be given it.

These two officers admitted to me that the volume of work was so great that they could not possibly keep up with it. They suggested that I and perhaps some other optometrists whom I knew and could recommend should enlist—seek a direct enlistment so as to help out in a place where optometric services were sorely needed.

It being Sunday, an arrangement was made for the following day for me to meet with Colonel Tausey, who was commanding officer of the station hospital at Camp Kilmer.

As soon as I came to his office, the colonel knew why I was there; discussed with me the great need for optometrists and then went into a technical discussion about how I could get a direct enlistment.

It is unnecessary to go through all of the details or to read all of the correspondence which ensued with the Second Service Command, except to conclude with the statement that permission for my direct enlistment finally came from the office of General Brehon Somervell itself.

The authorization having come from that high source on November 7, 1942, I enlisted and remained constantly at Camp Kilmer until October 22, 1945, when I was discharged, a period of almost three full years.

During this time I was promoted from private to technician 5th grade to corporal and finally to sergeant on July 15, 1944, which was my rank when discharged.

The promotions were very slow and quite contrary to the glib talk which I heard before my enlistment about good ratings for optometrists.

Only after I enlisted did I become aware of such things as Tables of Organization and other Army routine which completely blocked the recognition for the work which I was doing and which had been spoken of before my enlistment.

The need for refractionists was so great that the moment I received my uniform I was assigned to the eye clinic—even before I was processed.

It was only weeks after that I received my “shots” and I. Q. tests and the other usual routine which every newly enlisted or inducted man should get the first few days. Even with me refracting as the third man, the captain, lieutenant, and myself continued working most nights until 11 or 12 midnight when task forces were in camp ready for embarkation.

In a couple of months a second optometrist came to the camp and was assigned to the eye clinic and the lieutenant was assigned by the medical officer in charge to the ear, nose, and throat clinic.

When the third optometrist came a month or so later, the captain was transferred to ships surgeon on transfer duty, leaving the eye clinic completely in the hands of us optometrists.

Since ours was the last stop-off place, any soldier who had visual trouble and who had not received care in any of his former camps, had to be cared for by us.

The most reasonable estimate which I can make is that we three optometrists in the eye clinic took care of at least 100,000 of those cases during the 3 years that I was there.

Since the men had to go across in most instances, the glasses had to follow them by mail because it was utterly impossible to refract them and have the glasses prepared for delivery to them prior to their departure.

When I realized that as an optometrist I could barely advance in the Army, I wanted to go to officers candidate school. Again I do not wish to lengthen my statement with the many details of how I was dissuaded by my superior officers because they knew how badly we were needed but I do want to say that finally I insisted that I wanted to go to officers' candidate school.

Then I found that I was stymied because I never had basic training and that was a prerequisite to admission. In order finally to be given basic training, I had to go as far as to the colonel who was president of the officers candidate board.

I finally got assigned to basic training right in the camp itself for 5 weeks, but due to the delay that was occasioned by my superior officer's efforts to keep me as an optometrist, plus the delay in finally getting basic training, by that time applications for the officers candidate school were frozen and I was deprived of my opportunity of at least trying to become an officer.

The relationship between the optometrists and the medical officers at the EENT were quite friendly, cordial, and cooperative. As a matter of fact, I refracted from privates right up and including a brigadier general.

Once in awhile there was an occasional objection to an enlisted or noncommissioned soldier examining eyes. In such a case I referred the soldier complaining to the officer in charge who invariably informed him to come back to the eye clinic and be refracted by us, that we were specialists and better qualified than any others to do that work.

I wish to state as positively as I can that there was no professional supervision over the work of the optometrists. We had administrative supervision but there was no check-up nor was our work supervised before we made the refraction nor after we made the refraction.

Those who were refracted by us were never seen by a medical officer for refraction. In those cases where we found evidence of pathological conditions, we referred them and those soldiers received medical care when required.

During my entire stay at the eye clinic, none of the optometrists, including myself, used drugs. We were never even ordered to use drugs. Upon occasion when the individual optometrist in his own judgment felt that he would like to make the examination with the use of a drug, he did so, but that only in the rarest cases.

Even if supervision were required, it was not physically possible for that to occur because when a task force came through it was just rush, rush, rush, to get these men processed so that they could embark on time and part of the processing was the refraction.

During the 3 years that I was there, the other optometrists and myself were performing a most responsible task. I respectfully believe that if we had commissioned rank the work which we did would have received greater respect from the enlisted men.

Thank you, sir.

Senator WILSON. Any questions, Colonel Ladd?

Colonel LADD. No, sir; thank you.

Dr. EZELL. Mr. Chairman, may I present Dr. Daniel M. Levinson of Hornell, N. Y.

STATEMENT OF DANIEL M. LEVINSON, OPTOMETRIST

Dr. LEVINSON. My name is Daniel M. Levinson, and I reside at Hornell, N. Y., practicing my profession of optometry at 101 Main Street, in that city.

After graduating from high school in New York City, I attended Brooklyn College from 1938 to 1940, and then Columbia University School of Optometry from 1940 to 1942, graduating from that institution in June of 1942.

In that I knew that I was eligible for induction into the Army, I did not enter private practice but became associated in an optometric office first in Hudson, N. Y., and then in Brooklyn, N. Y., from which, on January 25, 1943, I was inducted into the Army.

From Camp Upton, Long Island, I went to Camp Gordon, Ga., as a member of a field artillery battalion. After only a few days in this outfit, I was transferred to the Medical Department at the Camp Gordon station hospital, where I was used as a refractionist in the eye clinic.

The eye clinic was conducted separately from the ear, nose, and throat clinic, both sharing the same building.

There were 3 optometrists refracting and we averaged 60 refractions a day.

The medical officer in charge at the time, Col. Henry T. Smith, could himself refract.

I mention this because other medical officers in charge of the eye clinic were not refractionists and at least two of them requested instructions from me and the other optometrists as to how to refract eyes.

The medical officer in charge at Camp Gordon examined officers and the civilian relatives of Army men.

After the medical officer satisfied himself as to an optometrist's ability to refract, he left the man strictly on his own.

At Camp Gordon at that time, homatropine was used in the patient's eyes on the first visit to the clinic; when the patient returned a week later a postcycloplegic examination was performed to determine his prescription. As for supervision, the medical officer in charge saw only those patients in whose eyes we optometrists found pathologic disturbances.

As I mentioned before, the medical officer had such complete faith in our ability that if we recommended that a man be admitted to the hospital for subsequent discharge from the service, he was satisfied to rely upon our judgment.

While at Camp Gordon, I was promoted to corporal after 2 months. I had been a buck private, and as such, my transfer from the eye clinic was ordered by post headquarters. Their action was based upon the fact that a buck private working in the eye clinic could not be a keyman and could easily be replaced. The colonel, who was commanding officer of the hospital, heard of these orders and immediately ordered my promotion. Two months after that I was promoted to T/4 grade (sergeant).

The insecurity of my rank was demonstrated when in October of 1943 I was demoted to private and shipped to the Three Hundred Twenty-fifth station hospital at Camp Wheeler, Ga. I was not demoted for any other reason than because the table of organization was filled at the station hospital at Camp Gordon.

Mr. Chairman, I should like to read a letter I have from Col. Henry T. Smith, which he gave to me.

Senator WILSON. Very well.

Dr. LEVINSON. He gave me this just before I left. The letter is dated November 3, 1943. It has a heading showing that it was issued at the Army Service Forces, Fourth Service Command, Camp Gordon, Ga.

To Whom It May Concern:

Pvt. Daniel M. Levinson, 327-277-61, has been working in the eye clinic at this hospital since his induction into the service. His position in the clinic has been that of refractionist. His judgment and application in this has been of the finest quality. In a short time he had worked his way to a sergeancy. As this organization was overstrength, a reduction in rating was ordered and the order was complied with. The reduction order was in no way affected by his work or conduct.

A recommendation to any eye department in the service is freely made.

I was only there a month, being given advanced medical training (basic) when I was transferred to Camp Sibert, Ala. There I was used as a refractionist in the EENT clinic from November 1943 until September 1944.

The medical officer in charge was an extremely able pathologist and could do refractions well. But in all of the time that I was at this clinic, according to my knowledge, he did exactly one refraction and that was of the brigadier general who was the commanding officer of the camp. The optometrists had done every single refraction from privates to colonels.

I do not make this statement in derogation of my medical officer. The optometrists not only had great respect and admiration for his ability as a pathologist and ophthalmologist, but he also possessed a most gracious personality and gave the optometrists the fullest cooperation. I merely mention that he performed only one refraction because he recognized that his functions and abilities could be far better used for pathologic and surgical matters and that refractions could be left with safety to optometrists to perform.

At Camp Sibert during the 11 months I was there, all refractions were performed without a cycloplegic.

During my whole experience as a refractionist in the Army, I can definitely state that we did not have so-called professional supervision. We did have medical officers over us at the clinics and in turn a commanding officer over all of us, who was in charge of the medical installation. No medical officer, however, checked or supervised our refractions, except when we referred patients to them whom we had diagnosed as having pathological disorders.

In those cases the medical officer either reexamined the men or if he felt satisfied that our diagnosis was correct, would recommend discharge.

With three optometrists doing 60 refractions a day, and later on with as many as 3,200 being done in 1 month, any statement that these refractions were checked and supervised would be silly on its face, because the only way a refraction can really be checked is for the medical officer actually to do it himself all over again.

I also wish to state that in many instances rubber stamps were used and I believe that I could furnish without too much difficulty a form which would have on it the rubber stamp not even in signature form but in printed letters of the medical officer in charge of the EENT clinic. Unless there were as many ophthalmologists present as there were optometrists, there could not be supervision or checking of each refraction, and since the optometrists did the work and had the responsibility fall upon them, I respectfully believe that they should receive recognition and the security which a commissioned rank affords.

An optometrist, with the responsibility of good vision of the Army personnel resting upon him, should not be a sergeant today and a buck private tomorrow.

Senator WILSON. Any questions, Colonel Ladd?

Colonel LADD. No, sir.

Senator WILSON. Thank you.

Dr. EZELL. Mr. Chairman, I would like now to present Dr. Craig of Marysville, Ohio.

STATEMENT OF JOHN E. CRAIG, OPTOMETRIST

Dr. CRAIG. Mr. Chairman, my name is John E. Craig, and I reside at Marysville, Ohio. I graduated from Northern Illinois College of Optometry in 1939 and was licensed to practice in Ohio in 1940.

I practiced optometry in Ohio until my induction into the service August 17, 1943. Upon my induction I was sent to Camp Barkeley in Texas for training in the medical replacement training center there.

I was one of the fortunate ones who was immediately given my correct MOS-452.

After completing my basic training I was sent to a casual battalion and was sent overseas, arriving in Glasgow, Scotland, March 27, 1944.

From there I was sent to a replacement depot near Liverpool and only lingered there 15 days before I was actually assigned for active duty with the Forty-fifth Evacuation Hospital near Bristol, England.

While there I served 5 weeks on detached service in the eye, ear, nose, and throat clinic of the Ninety-fourth General Hospital nearby.

On the 13th day of June we left Bristol and England and went to France and set up the hospital for operation.

During the greater portion of the time that I was with this outfit, the eye, ear, nose, and throat clinic was under the direction of Captain Swartz, who had in the first instance requisitioned me from the replacement depot because he needed an optometrist very badly.

Up to the time that I joined Captain Swartz' outfit, the necessity for making all refractions had fallen on his shoulders. As soon as I arrived that task was assigned to me, and from that time on I doubt whether the medical officer made more than a half dozen refractions in the next 12 months.

When we arrived in France, I had the responsibility of setting up the portion of the eye, ear, nose, and throat clinic relating to eyes and installed the system of examination and procurement of glasses which we used during the time that I was there. I did all this while my rank was simply that of private.

Having somewhat of a flare for figures, I can state that during my connection with this outfit I examined and refracted 3,928 men, of whom 74 percent were combat men.

These men had either lost or broken their glasses or had developed a loss of vision which they thought required correction.

During these many examinations I never used drops, making these examinations in accordance with strict optometric practice.

Upon occasion I would run across either a case of pathology or suspected pathology, and in such instances I would consult with the medical officer. When the cases indicated pathological conditions the medical officer took them over and kept them in charge.

Since I was the only optometrist connected with the outfit, I not only had to perform all of the examinations and refractions but I also did a tremendous amount of adjusting of eyeglasses.

I personally signed all the prescriptions and requisitions for glasses, signing the name of my medical officer.

I saw to it, whenever it was feasible, that the men for whom I prescribed glasses got them within a reasonably short time, because it had been both my experience and observation that if the man got away and we had to mail the glasses that it would take anywhere from 10 days to 4 months before the glasses would catch up with him.

The reason for my efforts in getting the glasses quickly to the men whom I had examined was due to the fact that I had learned that when a man had been examined in the United States and his glasses had to follow him by mail, it took anywhere from 6 months to 17 months for the glasses to reach him.

On October 1, 1944, I was promoted to pfc, and on November 1, following, I became a T/5, which is as far as I went.

Even though I reached that high and lofty stage, I found it advisable most of the time to do my work in a regular GI shirt without the stripes. When I wore the stripes the men whom I examined knew my rank and very often raised questions.

When I did not wear the stripes, I was mistaken for an officer, and my work went through much more smoothly and was received with far greater respect.

The only men who asked me my rank were commissioned officers, and when most of them learned my real rank they expressed personal indignation at the fact that the work which I was doing had not received better recognition.

Another situation indicates why the optometrist should be commissioned. The glasses which I prescribed were supplied by an optical unit. This unit was headed by a captain. It was not uncommon for an error to be made. The most common mistake was for the left lens to be put in the right eye of the frame and vice versa. I was in the embarrassing position of having to complain to a commissioned officer about work done under his command. This was most unsatisfactory. If glasses are not properly ground and assembled, the most careful examination goes for naught.

In civilian life, the optometrist who does the prescribing tells the optician what to do and how he wants the glasses. This should also prevail in the Army. It cannot so long as the optometrist, the prescriber, is an enlisted man and the optician, the mechanic, is an officer.

Senator WILSON. Any questions, Colonel?

Colonel LADD. No, sir.

Senator WILSON. Thank you.

Dr. EZELL. Mr. Chairman, I wish to present Dr. Joseph M. Babcock, of Portsmouth, Ohio.

STATEMENT OF JOSEPH M. BABCOCK, OPTOMETRIST

Dr. BABCOCK. Mr. Senator, my name is Joseph M. Babcock, and I reside in Portsmouth, Ohio.

Besides being a practicing optometrist, I am a vice president of the American Optometrical Association, in charge of national affairs.

In the interest of conserving your time, I just wish to present a few additional statements by ex-servicemen who are members of our profession but whom we did not feel it necessary to bring up here. I do not think we need to take up your time, Mr. Chairman, by reading these statements.

Senator WILSON. All right. They will be received and made part of the record.

(The statements referred to follow:)

FLORENCE, S. C., November 8, 1945.

MEMBERS OF THE SENATE MILITARY AFFAIRS COMMITTEE,

Senate Office Building, Washington, D. C.

HONORABLE SIRs: I have been informed that H. R. 3755 has unanimously passed Congress and is now before the Senate Military Affairs Committee and will soon be up for hearing.

I appreciate the fact that most of your time is already taken by the many things that you have to do, but there are many things that I observed while I was in the service for 3 years that I feel you should know.

While I was in service I was a pilot in the Army Air Corps, flying B-29's just before I received my discharge. And though the need for pilots was great at one time, I can honestly admit that I would have been of much more service if I had served in the capacity of my profession. All of the medics were rushed every place I went; but having seen several of my old school friends handling all of the examinations and refractions, and further understanding the conditions under which they were working, I was glad that I had decided not to practice optometry in the Army.

Some places had eye clinics that were taken care of by one or two optometrists that made all of the examinations, these optometrists really doing their finest work, using knowledge gained from their 4 or 5 years at some college of optometry, such as Ohio State, Northern Illinois, or Penn State, and knowledge and experience gained while practicing in civilian life. Northern Illinois was 4 years and 6 weeks when I was there, after going to the University of South Carolina for a year, and now it is a 5-year course. But in the Army, after rendering the same service that they had given to their appreciative public, they now signed the prescription with

the rank of private or corporal and then had some captain or major countersign each of their examinations who had nothing at all to do with the examination.

This lowered the morale of the patient and that of the optometrist, for the one being examined by the private regards this man as another of the drafted men in the Medical Corps that probably had a 3 months' course on the eyes in some Government school similar to that for ward boys. Therefore he regards the services as inadequate and in many cases goes into town to some local optometrist paying his professional fee and gaining only personal satisfaction that he has had his eyes examined by a professional man. And the optometrist goes day by day realizing this and knowing, though he is rendering his best service, that little appreciation is shown, except by those that understand his case.

Having heard of the treatment that the optometrist was receiving, many of us decided that we could benefit more, and be happier, in other branches of the service. Therefore, even after the Medical Department had made consistent demand for optometrists in the ranks to make known their qualifications, the demand for optometrists still was not met.

As for myself, I had always wanted to fly, and I was happy while I was in the Air Corps and received my commission and wings. I gained a lot while in the service; for, as I said, I hold my Reserve commission and wings, and built up my flying time enough for a CAA commercial pilot's rating, so I am not writing this so much for myself as for those that served as optometrists, for I had a chance to see both sides. Those optometrists have done, and will continue to do, a great job; ask the Medical Department what they would have done if all of the optometrists had gone into some other branch. Therefore I feel that something should be done to show these men that their services were appreciated and the conditions under which they had practiced, and are practicing, will be rectified.

It is now up to you to judge and do all possible to help establish this Optometry Corps, correcting the grave injustice to the entire profession of optometry.

Sincerely yours,

SAM O. RUSSELL, Jr., O. D.

SHAWANO, WIS., October 16, 1945.

THE CHAIRMAN, SENATE MILITARY AFFAIRS,
AND MEMBERS OF COMMITTEE,
Washington, D. C.

HONORABLE DEAR SIR: I am a licensed optometrist in the State of Wisconsin since January 1940.

After 2½ years of private practice I was inducted into the Army in 1942. Following a medical replacement training period of 9 weeks at Camp Pickett, Va., I was assigned to the eye department of the eye, ear, nose, and throat department of Camp Breckinridge, Ky., where I spent the next 37 months. I was given an honorable discharge from that camp in September 1945.

When I arrived at Camp Breckinridge there were two officers in the clinic, a major, an ear, nose, and throat man, who was in charge, and an ophthalmologist. The ophthalmologist was kept busy most of the time treating sick and injured eyes as well as doing eye surgery. In his spare time he would assist me with the refractions. Another optometrist later joined me in the refraction department. He and I did on an average of 30 to 35 refractions a day, some days many more, which required many evening hours of work. If there were pathological cases among the refraction cases, they were discovered by us (the optometrist) and referred to the ophthalmologist for treatment. A complete ophthalmoscopy examination was done on every patient by us. Cycloplegics were used only if pathology was indicated. All the refractions were done without the use of drops. The ophthalmologist of whom I spoke was later transferred to another camp. He was replaced by other men who claimed to be eye, ear, nose, and throat men. Some may have been. I remember one captain who would assist in the refraction department who claimed to be an ophthalmologist; he would insist that I recheck his work. I did for a time but later refused, as it meant more and longer hours of work for me to complete my work. He held the rank and received the credit, while I had to verify his work.

In all my time in the service, never once was a refraction checked by a medical officer. I did the refraction, recorded the findings, diagnosed the case, signed the officer in charge's name (which I was ordered to do), turned it over to a girl who typed up the order for glasses. It was not unusual for the officers to ask for me or the other optometrist to do their refraction. Never once did a patient, enlisted

man, or officer ask or insist upon a cycloplegic examination. I have heard of complaints against the use of drops by many of the men.

From my talks with other colleagues in the service, I would be safe in saying that nearly all the refraction work is done by the optometrist. Their experiences are much the same as mine. All of the medical doctors that I have served with in the Army, including ophthalmologists, felt that we were entitled to commissions because of the importance of our work.

It would be silly indeed to even think that the optometrist's work was checked by a medical officer, since our clinic had only one or two officers at a time, and they were kept more than busy in the eye, ear, nose, and throat treatment departments.

It has been a source of great pride and satisfaction in being able to serve my country and fellow beings to the best of my ability. Hoping that you and your committee will do everything possible to do justice to the optometrists in the Army and to the profession by getting these commissions, I remain,

Respectfully yours,

B. P. SCANLAN, O. D.

BAKERSFIELD, CALIF., November 7, 1945.

MR. WILLIAM P. MACCRACKEN,

National Press Building, Washington 4, D. C.

DEAR SIR: This letter is written in an attempt to alleviate some of the misconception that seems to cloud the profession of optometry and its helpfulness to the armed forces.

I enlisted in the Medical Corps of the United States Army Air Forces at Gardner Field as an optometrist and was informed by the enlisting officer and also commanding officer of the Medical Corps that an optometrist was badly needed, as there was no one at the field that could handle the refracting.

When I reported for duty at the flight surgeon's office a first lieutenant, an eye, ear, nose, and throat medical doctor, turned the eye work over with the statement, "God, I'm glad you're here to take over the glass work."

I did all the refracting for over 1 year and the practice included the officers and enlisted men of the field as well as their wives. These were referred cases by the lieutenant in charge of obstetrics for consultation in regards to headaches, etc.

There was never any supervision or instruction as to my work or diagnosis of same, be it pathologic or refractive.

After almost 6 months in the service as a private I was informed by the lieutenant colonel, post surgeon of the hospital, that he could not get a commission for me as an optometrist but that he might get an appointment as warrant officer if it was acceptable. In my behalf he wrote to the surgeon, A. A. F. W. C. T. C., 1004 West Eighth, Santa Ana, Calif., on March 24, 1943, requesting same. He was informed by Santa Ana that an optometrist could not be given any commission as an optometrist or for that specialty.

The proof of the above statements should be contained in my service folder along with any other information as to advancement in rate during my enlistment in the armed forces.

Sincerely,

A. EUGENE ALLEN, O. D.,
Service No. 19178409, United States Army Medical Department.

PORTLAND, OREG., November 6, 1945.

To Whom It May Concern:

This is to certify that from March 1943 to October 1945, i. e., up to the time of my separation from service, I served in the capacity of optometrist in the station hospital, Camp Stoneman, Calif. Along with two other registered optometrists, I examined eyes and prescribed glasses for the hospital patients, as well as outpatient personnel. My approximate share of refraction during that time was about 1,000 patients per month at the beginning and it decreased toward the end of the war.

It was left to our discretion whether to examine them with or without drugs (or homatropine). Only in possibly 5 percent of the cases, where there was suspicion of pathology and we wanted further study of it, did we use drugs.

The only time patients were referred to any medical officer or ophthalmologist was when we diagnosed pathology or when there existed physiological ocular defects that were not correctible with glasses.

I quote from my Army classification record WD AGO form 100, Summary of Military Occupation:

"Optometrist: Examined eyes for muscular and structural defects and prescribed lenses and eye exercises to correct defects. Visually inspected eyes for external evidences of pathological conditions requiring corrective medical or surgical treatment. Examined eye internally using ophthalmoscope and retinoscope to obtain clear vision of the interior of the eye."

Very truly yours,

MILTON ZELL,

B. A., University of Oregon; O. D., North Pacific College of Optometry.

ASHEVILLE, N. C., November 9, 1945.

MEMBERS, THE SENATE MILITARY AFFAIRS COMMITTEE,

Washington, D. C.

HONORABLE SIR: I am an optometrist recently discharged from the Army of the United States and am licensed to practice in the State of North Carolina. I graduated from Pennsylvania State College of Optometry in June 1941, and passed the North Carolina State Board examinations in the summer of that year. I was in private practice in Asheville, N. C., until February 1942 and entered the Army through selective service on March 7, 1942.

I was inducted at Fort Bragg, N. C., and sent to Camp Crowder, Mo., for Signal Corps training. However, upon my arrival at Camp Crowder I was transferred, without basic training, to the medical detachment at the station hospital and assigned to duty in the eye, ear, nose, and throat clinic.

There was one optometrist already on duty at this clinic and from the latter part of March 1942 until midsummer of that year we were permitted to do only the work of dispensing opticians and clerical work. During this time there was only one medical officer on duty at this clinic and he was kept so busy with treatment of eye, ear, nose, and throat pathology that he could allot very little time for refractions. His interpretation of Army regulations was such that he believed only a medical officer could legally do a refraction in the Army. Consequently, we scheduled only three refractions per day and were giving appointments for a month or more ahead while we two optometrists who could have done a considerable number of refractions were adjusting a few spectacle frames and doing clerical work.

About midsummer of 1942 another medical officer, an ophthalmologist, was assigned to this clinic. His interpretation of Army regulations was different from that of the first officer mentioned and he arranged for we two optometrists to do some of the refractions. A good part of his time occupied by treatment and surgery of the eye, and while he was busy with that one or the other of the optometrists did refractions. In this manner we made constant use of the one set of refracting equipment which we had at that time, thereby getting between 20 and 30 refractions done per day instead of 3 as before.

Even at this rate we were getting further behind and by late autumn of 1942 we were giving appointments for as late as April 1943. Many of these men had completed their training at Camp Crowder and had been transferred elsewhere before their appointment times.

To correct this situation the clinic was moved to larger quarters and facilities were provided for doing six refractions at a time instead of one. Numerous requests were made for additional optometrists until we had 10 on duty. Of the 10, 6 were refracting constantly, 1 was admitting new patients, 1 was charting visual fields, checking for muscle imbalance, etc., 1 assisting the ophthalmologist in the treatment department and 1 was general supervisor. If an optometrist needed consultation regarding his patient he called upon the supervisor, a noncommissioned officer, and if necessary they then consulted the ophthalmologist. With these facilities we were able to do as many as 150 refractions per day and for several months we did an average of approximately 100 per day. By spring of 1943 we made no appointments but refracted the men on the day they first reported to the clinic.

Almost all of the refractions at Camp Crowder were done under cycloplegic by use of homatropine. These patients were not examined by a medical officer

before instillation of the drug unless they strongly objected to its use or unless the optometrist who admitted them thought that something in the history or external examination which he did contraindicated a cycloplegic.

When the drug had taken effect the patient was refracted by one of the optometrists and after this, was sent to a medical officer for ophthalmoscopic examination. This was usually done by the ophthalmologist. However, at several different times we had medical officers assigned to the clinic who were neither eye, ear, nose, and throat men, nor ophthalmologists. They were assigned to the clinic for training in eye, ear, nose, and throat work and all they knew about this work was what they learned in the clinic and whatever study they may have done in off-duty hours. When the ophthalmologist was too busy with treatment or surgery to do the ophthalmoscopic examinations these men did them. Frequently these men, seeing something in the fundus that they suspected of being abnormal, would call one of the optometrists and ask his opinion. If they decided the appearance was questionable the ophthalmologist was called in, if not the patient was dismissed.

All patients were given postcycloplegic refractions 1 week after the cycloplegic. At this time the refraction was again done by the optometrist and the patient was sent with the record of his examination to the medical officer for his approval. The officer initialed the record unless, as occurred in an extremely small percentage of cases, the findings indicated that a recheck was advisable. In such cases the patient was rechecked either by the optometrist who did the refraction or by the supervisor. In a few of these cases the ophthalmologist would be called to recheck the refraction himself.

In the winter of 1943-44—I do not recall the dates—the ophthalmologist at this clinic, the officer in charge, the post surgeon and the post commander requested the Surgeon General, through channels, to commission the optometrists at Camp Crowder station hospital. Records of our educational qualifications and statements regarding the work which we were doing accompanied the request. This communication and the Surgeon General's curt rejection of the request is on file at eye, ear, nose, and throat clinic, ASF regional station hospital, Camp Crowder, Mo.

Some months later the officer in charge of the clinic instructed me to apply for a commission in Medical Administrative Corps or the Sanitary Corps. He endorsed the application, stating that, if commissioned, I could relieve the ophthalmologist of much detail work such as approving the many spectacle prescriptions and orders for spectacles, which I could not do as a noncommissioned officer (technical sergeant). This was endorsed favorably by the post surgeon but it was rejected by officer procurement in St. Louis, Mo., with the statement referring me to the rejection by the Surgeon General of the previous request for commissions for optometrists at Camp Crowder.

I was assigned to duty in eye, ear, nose, and throat clinic at this same station from March 1942 until October 1945. I was given an honorable discharge on October 6, 1945, under the regulation providing for discharge of men over 38.

Yours truly,

HARRISON M. SEAVER.

OXNARD, CALIF., November 30, 1945.

HON. GEORGE A. WILSON,
*Chairman, and Members of the Subcommittee,
Military Affairs Committee, United States Senate.*

HONORABLE SIR: My name is Stanley Douglas Braff. I am a duly licensed optometrist, registered and practicing in the city of Oxnard, Ventura County, Calif.

I was inducted into the Army in December 1942, and honorably discharged September 1943. Following some 13 weeks' basic training at Kearns, Utah, I was classified as an optometrist with the M. O. S. No. 452 and assigned to the Second Air Force Distribution Center, Salt Lake City, Utah. From there I was sent to the Army Air Base, Sioux City, Iowa, assigned to and performing my military duties in the eye, ear, nose, and throat clinic and the flight surgeon's office of the station hospital.

One other optometrist and I refracted and prescribed for the visual needs of all military personnel in need of such care. The refractions, except for rare cases, were done without the use of drops. All cases, where there was any evidence of pathology, were referred to the medical officer in charge. We optometrists did the following work or duties in the eye clinic: (1) Refracted; (2) determined if a pathological condition was present; if so, the patient was sent to the eye, ear, nose, and throat doctor; (3) wrote the prescriptions for glasses, which were typed by a clerk on the Army spectacle order form for the eye, ear, nose, and throat doctor's

signature. If we could not find him the forms were referred to the flight surgeon. In the absence of the flight surgeon, we stepped out into the hall of the hospital and the first medical doctor who came by was asked to sign the forms. At no time were any of the prescriptions we wrote ever checked by any medical officer. The medical officers' sole supervision of our work consisted of signing their names to our prescriptions since Army regulations requires an officer's signature.

The visual part of all physical examinations given by the flight surgeon was given by we optometrists. Our findings, qualifying or disqualifying a man, were final and were never questioned or rechecked by the flight surgeon.

I believe the foregoing to be conclusive evidence of the absence of any direct medical supervision of my work as an optometrist in the Army of the United States.

Respectfully yours,

STANLEY DOUGLAS BRAFF, O. D.

PORTLAND, OREG., November 7, 1945.

MR. WILLIAM MACCRACKEN,
National Press Building, Washington 4, D. C.

DEAR SIR: I have just recently returned from 3 years service with the Army Air Forces, and because of my unique position as both optometrist and commissioned pilot, felt you would be interested in my observations of and experiences with the eye care which our boys received while in service for their country.

Because the Army failed to recognize my professional standing and because I felt my education and experience warranted a position in the officer bracket, I enlisted in the Army Air Corps October 29, 1942, for pilot training. On October 23, 1945, I received my separation from the service as a second lieutenant and pilot-instructor with a record of superior and excellent ratings throughout that period. During this interim I had been stationed at 10 different fields and had undergone the various physical examinations required for pilot training, which included as a major phase, the so-called "rigid" eye examination. In every instance this examination was given by inexperienced enlisted men assigned to a task about which they knew absolutely nothing. As evidence of this, my own case in which I wear glasses at all times and especially while flying. I personally have seen many men who would have made excellent officers and no doubt pilots, had they had the opportunity of some professional eye treatments and an up-to-date eye examination.

Because I had a burning interest in my profession, I took special care to visit the eye clinics and men in charge at every base. Without exception, I found little or no modern equipment for refractions. Except for two places, I always found inexperienced personnel doing the work. These exceptions were two optometrists—one a staff-sergeant and the other a corporal—both of whom were college graduates with a doctor's degree and several years of private practice experience. In both cases, I found them to be the mainstay in the eye, ear, nose, and throat clinics. In the case of the corporal, he was even asked to refract the eyes of a brigadier general, the base colonel, and their families, in a makeshift darkroom that doubled for a private office.

At one station, I was asked by the flight surgeon to do his refractions, which I did for a period of 15 weeks. These included base personnel, their families, and civilian employees, all of which were done over and above my regular flight training. I was the only one on the field who had the technical knowledge to operate the eye clinic at that time.

At another station I was granted permission by the flight surgeon to carry on some orthoptic treatments on two men who would have been eliminated for eye muscular deficiency if not corrected. They both successfully graduated as pilots.

Since returning to civilian life and my private practice, I have already had several returned veterans come to me for professional services and in almost every case the story is the same—the lenses prescribed by the Army Medical Corps could not be worn. This means that the labor, time, and expense of refracting, prescribing, and manufacturing two pairs of glasses for each of these men was entirely wasted. Multiply this by thousands of similar cases, and we have another wanton waste which took thousands of hard-earned American dollars and thousands of hours of highly skilled manufacturing labor.

In summary, my experience has shown that the Army Medical Corps is in dire need of professional eye men and commissioned officers to do refracting; they are in dire need of modern, up-to-date refractive equipment to give these

men every opportunity to produce to capacity; and, lastly, they need to free these men from the shackles of Army regulations regarding their method of practicing their professional skill.

Sincerely,

RAYMOND R. ROY, O. D.

OAKLAND, CALIF., November 7, 1945.

HON. GEORGE A. WILSON,
*Chairman, Subcommittee on Military Affairs,
United States Senate, Washington, D. C.*

DEAR SENATOR WILSON: My name is H. W. Jonas. I am an optometrist, duly licensed, registered in the State of California, and am practicing at 408 Fourteenth Street, Oakland, Alameda County, Calif.

I was recently discharged from the service as a captain. My experiences in the armed forces are as follows:

Entered service November 7, 1940, at which time I went to Fort Benning, Ga., attending the heavy weapons and rifle refresher course. After completing the 3 months' course I was sent to the Infantry replacement training center at Camp Wolters, Tex. At the end of my year in the service I returned home to again practice optometry.

After war was declared I was again ordered into the service, this time reporting to Infantry replacement training center at Camp Roberts, Calif. From here I was sent to the Ninetieth Infantry Division, thence to the One Hundred and Fourth Infantry Division, with whom I went overseas. I then was sent back home, being retired on July 11, 1945.

During the time I was assigned to the One Hundred and Fourth Infantry Division a circular came out stating the need for optometrists. At this time I sent in a letter, which finally reached the Surgeon General's office, requesting that I be transferred to an organization where I might use my professional ability. This letter with its many endorsements was returned to me stating that there were no vacancies.

Yet every oculist I spoke to in the several hospitals which I contacted expressed their need for optometrists.

From the above facts and information you will observe that I was a commissioned officer, but subsequent to receiving my commission I was not permitted to practice my profession, namely, optometry.

Respectfully yours,

H. W. JONAS, O. D.

CHICAGO, ILL., January 23, 1946.

My name is William C. Garwood.

I live in Chicago, Ill., and practice my profession as licensed optometrist at No. 1138 East Sixty-third Street, Chicago, Ill. I was graduated from Northern Illinois College of Optometry in 1938 and was an instructor in general and ocular anatomy at that school for 3 years following graduation. I was also engaged in private optometric practice from graduation until induction into the United States Army on April 1, 1942. I was honorably discharged November 8, 1945, under the 38-year-age release provision. At the time of discharge my rank was technician third grade (staff sergeant).

Upon induction at Camp Grant, Ill., I was given the occupational specialty classification (M. O. S.) of optician. The classification consultant who filled out my Form No. 121 told me that there was no provision made for optometrists in the Medical Department. Because of my academic training in anatomy and physiology, I was, after receiving basic training, sent to the special service school at Letterman General Hospital in San Francisco for training as a surgical technician. Further inquiries made at this school substantiated the original statement that my services as an optometrist were not required by the Medical Department.

After a training period of 3 months at Letterman General Hospital, I was sent to Brisbane, Australia, and assigned to the Twenty-eighth Surgical Hospital. My first assignment with this hospital was that of a ward attendant in a semi-portable hospital unit, but because my organization was not assigned to active operation I was sent with a group to operate the dispensary at Archer Field, outside Brisbane. Here I was first able to observe the inadequacy of visual care available to members of the armed forces. It was necessary to travel considerable

distances and make appointments 2 to 3 weeks in advance for refractions and to wait for periods of a month or longer after the examination before receiving the glasses. Realizing the need for additional examination facilities, I suggested to my commanding officer that I be allowed to do refractions at the Archer Field dispensary. This request was refused on the basis that no medical officer skilled in eye work was on duty at this location, even though the necessary equipment was available among the supplies of the Twenty-eighth Surgical Hospital. My duties at the dispensary at this time consisted of attending at the routine sick calls, giving the necessary inoculations and medications to the men in transit to combat areas, and in preparation of supplies and equipment for minor surgery that was performed at this dispensary. The only use that was made of my special training was the taking of visual acuity of applicants to officers' candidate school.

The first operational assignment given the Twenty-eighth Surgical Hospital was on Goodenough Island in September 1943. At this time an eye, ear, nose, and throat clinic was set up, and I was appointed the attending noncommissioned officer, with the rank of technician fourth grade, and was allowed to do refractions under the supervision of a medical officer. This was the first opportunity in 1½ years of service that I had to utilize my skill as an optometrist. I had been occupied with refractions only a short time before the medical officer recognized my complete competency in my field and no longer made any attempt to check my work, being completely satisfied that all cases of pathology would be observed and referred to him in the course of routine examination. The teamwork afforded by this confidence was not only pleasant but actually necessary because the medical officer in charge of the clinic already had as much work as he could do with the pathological conditions of the eye, ear, nose, and throat and would not have had time to do the necessary rechecks to say nothing of the complete refractions. In addition, because of the fluid movement of the troop units in this secondary combat zone, the time element made cycloplegic refractions impractical. Optometric skill enabled us adequately to care for a larger number of men than would have been otherwise possible. It is to be emphasized that the practice of noncycloplegic refractions was adopted after a series of checks by my medical officer with cycloplegic examinations had convinced him that the noncycloplegic examinations were accurate and satisfactory. This officer discontinued making these cycloplegic checks after the first month of the operation of the clinic. A third item of consideration to be mentioned at this time is that during a period of 3 months or more, when the medical officer mentioned was ill and unable to perform his duties, I was able because of his confidence to continue to make refractions. During this period I was the only individual doing refractions at a base servicing several thousand men. My nominal supervisor was a medical officer who knew nothing about refracting. By this time the Ninth General Hospital had set up on Goodenough Island and requested my transfer to their organization, stating that they had been trying for over 1 year while training in the United States to obtain the services of an optometrist and had been unable to do so. This request was refused by the base surgeon on the basis that I was indispensable because of training and experience to my present organization.

My hospital was relieved from duty on Goodenough Island in June 1944 and returned to Milne Bay, New Guinea, to be reequipped and reorganized. Immediately upon reaching this base I was assigned to temporary duty with the Forty-seventh General Hospital as a refractionist. This organization had also been unable to obtain the services of an optometrist and the situation as regard eye examinations was so critical that I found examination appointments dating more than 4 weeks in advance. During my 4 months of duty at this hospital I averaged 20 refractions a day. This organization also attempted to obtain my transfer to their hospital, but again the request was refused. It seems appropriate to state that my work at Forty-seventh General Hospital was entirely without supervision with regard to refractions and, in order that my authority would not be questioned, I was requested to make my examinations dressed in a white dental coat without insignia and no mention of my rank was made in the presence of a patient. I was also requested to give no indication to officers I was refracting that I was not an officer myself. This seemed advisable because the responsibility and the authority of the type of work I was doing indicated that my rank would be that of commissioned grade. The arrangement proved very satisfactory and efficient, and the officer in charge of this clinic was most complimentary in his expressions of pleasure in the way in which we were getting out the work. I would like to mention that at no time in my military experience did I encounter a medical officer in charge of an eye clinic who was not fully appreciative of my services and anxious to cooperate to the full utilization of my optometric skill.

On January 1, 1945, my original organization, now called the Three Hundred and Sixtieth Station Hospital, joined a convoy for the invasion of Luzon. During this operation we functioned as a surgical evacuation hospital, concerned primarily with the handling of battle casualties in transit. During the first 2 months we worked at full capacity. The dental clinic was set up for out-patients but not the eye, ear, nose, and throat clinic. Our commanding officer decided that the personnel assigned to that clinic was needed in other surgical-service duties. After 2 months the treatment of out-patient personnel became so urgent, and routine refracting service (changing of glasses and replacing of broken and lost spectacles) was so needed by the duty personnel, that this service could no longer be postponed in spite of the urgent requirements made upon the hospital service by battle casualties. The eye, ear, nose, and throat clinic was set up.

The foregoing summary of experience has been given in considerable detail in order to establish my qualifications in making the following observations and statements:

- (1) Facilities for making examinations pertaining to visual efficiency of military personnel and for making refractions and supplying spectacles were not adequate in the zones of operation to which I was assigned, namely, a large part of the Southwest Pacific area.

- (2) A properly organized Optometry Corps whose chief responsibility would be providing the above needs would efficiently supply a military necessity and contribute greatly to the efficiency and performance of military personnel.

Severe eye conditions, whether of refractive or pathological nature, were well taken care of under present Medical Department organization. If they had not been, the patient would have been unfit for duty and when hospitalized would soon reach, by process of evacuation, a hospital unit having necessary facilities and personnel.

However, men in the field suffering from mild symptoms of eye strain did not receive proper care in advanced zones because the facilities set up were inadequate. Most station hospitals and base dispensaries had only one medical officer to do all eye, ear, nose, and throat work. If he were fortunate enough to have an optometrist assigned to him, this optometrist was required to function as a clerk and attending nurse also; which left him very little time to do the necessary refractions during the regular clinic hours. The time set aside for refractions was the late afternoon hours after regular sick call and after the pathological eye, ear, nose, and throat cases had received attention. Men needing refractions, many of whom had come long distances to get them, were put off, given appointments for later dates or required to wait long hours that kept them from their usual duties to say nothing of the discomfort they were required to tolerate during the elapsed periods of sometimes several weeks. It can be honestly said that only part of the necessary refractions could be performed under these circumstances. All this was occurring under conditions where need for refractions was constantly increasing. Eye strain increases under field and combat conditions: Long hours, night work and mechanical and clerical tasks requiring exacting visual effort, for example: Radio and radar repair, communications, welding, aeroplane mechanics, small ordinance and instrument repair, etc., aggravate refractive errors which ordinarily cause no discomfort. It would be hard to measure the loss of time and efficiency resulting from eye strain, but personal observation, both general and professional, under field conditions, requires me to state emphatically that this phase of care for the soldier's welfare, efficiency, and fitness for duty has been grossly neglected. General Lull's statement to the Military Affairs Committee on June 6, 1945 (see H. R. 1699, p. 79) that the Surgeon General's Office would not know what to do with all the optometrists provided by the Optometry Corps bill indicates an inability to appreciate the visual needs of men serving in the present highly mechanized Army with its ever-increasing technical tasks requiring the best vision possible to obtain. There should be at least one refractionist in every general hospital, station hospital, and base dispensary in every zone of operations from the induction center to the combat area.

The argument may be raised that the soldier's visual needs are taken care of before he is sent to advanced zones of operation. It has been stated that large clinics consisting of several optometrists under the supervision of ophthalmologists were set up in training areas in the United States and that these clinics were sufficient to supply all men needing spectacles before they were sent overseas.

After 3 years in the Southwest Pacific area during which time I moved by stages from Australia to the Philippines, I can only say this is not true. Climatic and dietary conditions, time element, promotion to difficult tasks and conditions of fatigue all caused changes requiring new lenses for men already wearing glasses and the need for glasses by many who had never worn them before. In the Southwest Pacific area, the need for refractions often occurred when men were at locations where facilities were provided only by station hospitals and dispensaries, many times the nearest general hospital, which usually meant the nearest ophthalmologist, was many miles away over water or mountain and could be reached only by extended travel and loss of time.

I present the opinion that an Optometry Corps whose chief concern and responsibility is in the evaluation and care of the visual efficiency of military personnel exclusive of pathological requirements would correct the existing situation and would in addition supply a service which would provide far greater benefits than are at present recognized by the Surgeon General's Office. It would be well qualified to screen out the small percentage of cases where pathology is present and refer these cases through the properly skilled medical channels which would usually be the nearest general hospital. This procedure is, in fact, the same as is now being done by station hospitals and dispensaries where a medical officer skilled in eye work is not in attendance. It is to be emphasized that the proposal of an Optometry Corps is not an attempt to replace the ophthalmologist or to deny him his proper rights of supervision and diagnosis, nor need it be expected that optometrists in an Optometry Corps would give final diagnosis of ocular pathology. Any bare suspicion of pathology should be referred to a competent ophthalmologist, a duty and responsibility that all well-trained optometrists appreciate, but there has been adequate proof in other evidence that only a small number of cases presenting themselves to hospitals and clinics with eye strain symptoms have pathological problems and that by far the larger part are purely refractive. Actually, in the established Medical Department routine, the refractive cases would be referred to the optometric officer by the medical officer in charge of admissions to hospitals and clinics and by the ophthalmologists. The Optometry Corps would be concerned with visual efficiency which is an out-patient service in the vast majority of cases and not necessarily concerned with medical treatment and hospitalization. This is similar to the duties of the Dental Corps. Medical officers will appreciate such an arrangement in view of increased efficiency as it eliminates duplication and places the responsibility where it belongs, a responsibility that they have been required to accept without being in a position to properly supervise. It is not exaggeration to state that most officers in charge of eye, ear, nose, and throat clinics in the smaller medical establishments had more work and more responsibility than they could efficiently handle.

This is not a question of the separation of an Optometry Corps from medical supervision. Such supervision should exist as far as association with pathological problems are concerned, but the supplying of the visual needs of military personnel and the correction of refractive errors with proper spectacles is a complete and self-integrating task that can be efficiently accomplished by optometric personnel without direct medical supervision. The proposed Optometry Corps can and should be responsible for this service in its entirety including the supervision of optical depots.

In closing I wish to state that I have no complaint to make with my own personal treatment while serving my tour of duty with the Army of the United States. My associations with medical and administrative officers were as pleasant and cooperative as possible under existing conditions. The above opinions are presented solely as constructive criticism of a branch of the Medical Corps which, due to improper organization, failed adequately to supply a military need. I am convinced that the proposed Optometry Corps can supply that need, and that it can contribute a self-contained service. The optometric profession can supply personnel well qualified to accept full responsibility. The change will contribute greatly to the efficiency of the Army personnel.

WILLIAM C. GARWOOD.

Dr. EZELL. Mr. Chairman, we have no other witnesses to present this morning but we would like to have the privilege of bringing additional witnesses later on in the hearing, in rebuttal.

Senator WILSON. Well, if anything new comes up, we will be glad to have it, but we are going to close this up pretty fast.

Colonel LADD. We have nothing now.

Senator WILSON. I understand that General Kirk will be here tomorrow morning at 10 o'clock.

Due to that situation, then, the hearing for the proponents of the bill is concluded.

We will take a recess until 10 o'clock tomorrow morning.

Thank you, gentlemen.

(Whereupon, at 11 a. m., an adjournment was taken until 10 a. m. Friday, January 25, 1946.)

OPTOMETRY CORPS

FRIDAY, JANUARY 25, 1946

UNITED STATES SENATE,
SUBCOMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 10 a. m., in the committee room, United States Capitol, Senator Elbert Thomas (chairman) presiding.

Present: Senator Thomas (chairman).

The CHAIRMAN. Senator Wilson, who presided at the hearing yesterday is ill today and unable to be present.

STATEMENT OF NORMAN T. KIRK, SURGEON GENERAL, UNITED STATES ARMY

The CHAIRMAN. General Kirk, will you state what you want to have said about yourself in the record and then proceed?

General KIRK. My name is Norman T. Kirk, major general, Surgeon General of the Army.

I have a prepared statement, Mr. Chairman, if I might read it.

The CHAIRMAN. Yes, sir.

General KIRK. As Surgeon General of the United States Army, I am authorized to state that although the War Department opposes enactment of H. R. 3755, Seventy-ninth Congress, it definitely will favor or recommend as part of the legislative plan for the postwar Army, a provision for the commissioning of optometrists.

While the necessity for such a provision is clear, it is not desirable that it take the form of an isolated enactment such as that presently being considered by your committee, before the formulation of a comprehensive plan for the postwar establishment.

Various possibilities as to the form of organization of the postwar Army and components thereof are under consideration by the War Department.

In regard to the Medical Department one type under study would include as a component, a new corps, known as the Medical Service Corps, to consist of officers with scientific or administrative training, qualified to supplement the present Medical Corps. This new corps, which is now under consideration, would replace the Sanitary, Medical Administrative, and Pharmacy Corps we have had during the war.

The CHAIRMAN. Is not dentistry included in that, General?

General KIRK. No, sir; dentistry is a separate corps. It is one of the corps of the Medical Department, as are the Medical Corps, the Pharmacy Corps, the Sanitary Corps, and the Medical Administrative Corps. Dental officers are considered a professional group and should constitute a separate corps. We are proposing a new, combined

corps, to include the Pharmacy, Sanitary, and Medical Administrative Corps, as operated during the war, in which will be commissioned officers having qualifications and degrees to supplement and be adjuncts to the Medical Corps but who are not truly professional men as are doctors of medicine or doctors of dentistry.

Under this proposed corps there would also be included officer personnel in sanitary engineering, biochemistry, parasitology, entomology, bacteriology, serology, physiological chemistry, clinical psychology, and other allied science or administrative positions. Optometrists would be included as a part of this corps.

The name of the corps is not definitely determined, and the described form of organization is only one of several variants.

It is possible that further study may indicate the desirability of a different type of organization. However, there should be borne in mind that all plans now under consideration, or that may be considered, contemplate the commissioning of optometrists. It is the considered view of the War Department that it would be unwise, and untimely, to provide for an Optometry Corps prior to the determination of the ultimate postwar form of the Medical Department.

As Surgeon General, and on behalf of the War Department, I desire to reiterate the opposition of the War Department to H. R. 3755, Seventy-ninth Congress, and at the same time to assure this committee, and all those interested in the proposed bill, that the War Department is not unmindful of the necessity of providing for the commissioning of optometrists and that they be a part of the new service corps to be organized in the Medical Department.

In a letter to the Honorable Elbert D. Thomas, chairman, Military Affairs Committee, United States Senate, dated January 21, 1946, I have given official assurance that the War Department recognizes the need for the commissioning of optometrists and will urge inclusion of provisions therefor in any comprehensive legislative program for the postwar establishment.

It is my belief that the plans under contemplation will be much more satisfactory to the optometrists and fit them into Army service in a way more beneficial to the Army and to themselves than would be the case under the provisions of the bill now under consideration.

A separate Optometry Corps would be out of harmony not only with the present structure of the Medical Department but also any proposed change now under consideration for a postwar Army.

At the present time I am authorized by the War Department only to give official assurance that the War Department will include optometrists as part of its commissioned strength in its plan for the postwar Military Establishment which will be submitted to Congress for legislative enactment.

The CHAIRMAN. What about the present practice in regard to optometrists?

General KIRK. You mean what has happened during the war?

The CHAIRMAN. And also before the war; do you have any commissioned officers in that group?

General KIRK. No, sir.

In the Army before the war, we had enough doctors who were trained ophthalmologists to meet our need. It was only during the war that the great group of people with physical defects were taken in to build up our large Army, so we needed optometrists.

The CHAIRMAN. Are any of them commissioned now?

General KIRK. There are some, but not as optometrists. We have commissioned, through officers' candidate school training, some 20,000 medical administrative officers to supplement the medical officers.

An optometrist, if he could make the grade as an officer candidate, was commissioned as an officer in that corps, but not specifically as an optometrist.

In the Sanitary Corps, which was a wartime organization, we commissioned personnel in sanitary engineering, the entomologists, the chemists, and the bacteriologists, and those were brought in to take the place of the medical officer so as to save medical personnel, and in this proposed new corps we speak of we hope to group all of those, so that instead of having three or four or five separate corps, we would put them all in one service corps and give each man a number, as we do in medicine; for instance, if he is an orthopedist, he has a certain MOS number, or if he is an ear, nose, and throat man, he has one also.

So in this Service Corps, which we hope Congress will authorize for us, and which has done such a splendid job during the war, an optometrist or sanitary engineer, for example, will have a certain spec number.

The CHAIRMAN. How about the nurses?

General KIRK. They will be a corps by themselves, and we will also have a Woman's Service Corps to supplement the Nurse Corps, which will include the physiotherapist, the dietitian, and the occupational therapist. That will supplement the Nurse Corps just as the Medical Service Corps will supplement the doctor.

The CHAIRMAN. What about the bacteriologist?

General KIRK. He would be in the same group with the optometrist.

The CHAIRMAN. What about if he is a "she"?

General KIRK. I do not know what the legislation will be about a "she" in the postwar organization, but I think it is planned that the WAC Corps will continue; I think they are planning along that line.

The CHAIRMAN. I doubt whether the Army will ever be without the women's auxiliaries now.

General KIRK. Probably not.

The CHAIRMAN. They will be bigger all the time.

Now, may I ask a question that is far afield from this particular question, but it is one you know we are working on.

In the merger of the services, have you any reason why the medical units of two or three services cannot be confined to one administrative head?

General KIRK. I can see no reason there would be any savings at all to combine them unless it is so done that they are doing medical service for the whole group, Army, Navy, and Air Corps, all under one head.

The CHAIRMAN. In the Navy, do the Marines have a separate medical service?

General KIRK. No, sir. They have medical officers of the Naval Medical Corps attached to them for medical service, and the Navy hospitalizes the sick of the Marine Corps. They have attached medical men of the Navy Medical Corps when ashore in combat.

I think we should combine the whole medical service. We have already set up a joint procurement program for the Army and the Navy for medical supplies, and it is now in effect, so that all purchases of medical supply for the Army and the Navy are handled jointly.

The CHAIRMAN. If the Medical Department of the Army discovers a new seasickness remedy, does the Navy know about it soon?

General KIRK. Yes, sir; we are working together in research.

The CHAIRMAN. Is research still carried on separately?

General KIRK. Yes and no. That which is carried on by the National Research Council, we all have a part in. The Navy has its research, and so does the Army. Each complements the other but does not overlap.

The CHAIRMAN. What do the medical departments do for graduate training; that is, keeping up to——

General KIRK. Keeping the medical officer up to where he ought to be?

The CHAIRMAN. Yes.

General KIRK. We have a plan we hope will be enacted into law, which we hope to be able to bring up soon, and by which we hope to do more than we did in peacetime. We hope at least 7 percent of our medical officers will always be in training, and 5 percent in civilian institutions. We hope to have graduate training in medicine in the Army established in Washington with a new medical museum, or what was called a medical museum. It is an old building and entirely inadequate.

The CHAIRMAN. We have appropriated for that, have we not?

General KIRK. Only for planning; there is no appropriation for the building. We hope to get that going on some land we have in Maryland.

The CHAIRMAN. How about the Army Medical Library?

General KIRK. That is to be on Capitol Hill, near the Library of Congress.

The CHAIRMAN. The appropriation has been made?

General KIRK. There was an appropriation of three or four million dollars which will be entirely inadequate; we will have to come up here for more.

The CHAIRMAN. These are questions that are helping me very much in thinking straight on the merger proposal.

In the case of the medical library, for example, does the Navy use it?

General KIRK. It is used by all American medicine—civilian, Navy, and Army alike. It is the biggest medical library in the world.

The CHAIRMAN. Has the Navy a medical library?

General KIRK. Nothing comparable to that. They may have a small library, but for a big reference library, that is the only large medical library in the United States. Each medical school and hospital has its own library, a small one for research and reading, but nothing comparable to the Army Medical Library.

The CHAIRMAN. A man doing book research can find there——

General KIRK. More than anywhere in the world.

We think this Institute of Pathology, when we get a building and have money to pay full-time people to stay there, will be the greatest pathological laboratory for research in the world.

The CHAIRMAN. That would be directed by the services?

General KIRK. It would be under the Surgeon General of the Army, and if these are under the combined service, it would be under that direction.

The CHAIRMAN. So that if we have a Secretary of Defense, as has been announced, and we are working on a common defense, there is no reason why those medical organizations cannot be thrown together under one great head.

General KIRK. I cannot see any. There may be, but I think if we are to combine, the medical services should be combined.

When the Infantry goes into combat, we have medical officers and enlisted men that have to go into combat with those units, and likewise with the Navy afloat.

There would be one hospital program, one issue of supplies, and one Medical Corps.

If these men stay attached too long to troops and do not get their hand into clinical medicine and research and development, they cease to be doctors.

So it would be very sad to have them stay as attached medical indefinitely. This should be on a rotation basis.

The CHAIRMAN. Thank you very much, Doctor.

Mr. McCracken. Mr. Chairman, Dr. Ezell would like to make a short statement.

FURTHER STATEMENT OF WILLIAM C. EZELL, PRESIDENT, AMERICAN OPTOMETRIC ASSOCIATION

Dr. EZELL. Mr. Chairman, we have listened with great interest to the testimony given by the Surgeon General.

It is certainly gratifying to note the change of attitude in the Surgeon General's Department since the hearing before the House Military Affairs Committee.

We believe that it is in the interest of the men in the Army and of the GI optometrists that this bill be passed.

This should not be construed that we are dissatisfied by the proposal outlined by the Surgeon General for the reorganization of the Medical Department, but before making any statement we would like to go over the plans and make a report within the next 2 or 3 days.

We would like to make that report in writing.

The CHAIRMAN. We will be glad to receive it, of course.

(See statement by Dr. Ezell inserted at end of this hearing.)

Dr. EZELL. We will not delay; we will get it to you within the next 2 or 3 days. We would like to have a copy of his proposal—

The CHAIRMAN. I do not know whether Dr. Kirk has it ready.

Dr. EZELL. I mean, just this proposal here.

The CHAIRMAN. You mean his testimony here today?

Dr. EZELL. Yes, sir.

However, even if the proposed legislation does afford proper recognition for the professional services of optometrists, we feel this bill should be passed now, and if, as, and when the Surgeon General's plan is enacted into law, then there will be no difficulty in incorporating the then existing Optometry Corps in its proper place.

I thank you, sir.

Mr. McCracken. Dr. Babcock has a statement he would like to file for the record.

STATEMENT OF JOSEPH M. BABCOCK, PORTSMOUTH, OHIO

Dr. BABCOCK. My name is Joseph M. Babcock, Portsmouth, Ohio, practicing optometrist.

Mr. Chairman, on behalf of the American Optometric Association, I want to thank you for the courteous hearing you have afforded us, and to submit, without taking up your valuable time to read, a summary of the evidence we have presented to you, which I would like to have filed in the record.

The CHAIRMAN. What do you mean by evidence, Doctor?

Dr. BABCOCK. A summary of the various testimony given by our men.

The CHAIRMAN. Do you mean in the House, or——

Dr. BABCOCK. No, sir; here yesterday.

This is an additional statement I wish to file.

I again wish to thank the committee.

The CHAIRMAN. Is that all?

Mr. McCracken. Yes, sir.

The CHAIRMAN. The hearing will stand closed.

(Whereupon, the hearing was closed at 10:30 a. m.)

(Statement submitted by William C. Ezell follows:)

In accordance with the privileges accorded at the conclusion of the subcommittee hearings on H. R. 3755, we are submitting the following comments on the statement of Maj. Gen. Norman T. Kirk, the Surgeon General of the Army, which statement committed the War Department to the commissioning of optometrists but opposed the passage of this bill.

The attitude of the Surgeon General's Office and even the arguments presented are the strongest reasons for its passage. His reasoning brings forcefully to mind the well-known slogan "Eventually, why not now?" At long last the Surgeon General's Office has recognized and has admitted the necessity for commissioning optometrists, but we are asked to wait for "the formulation of a comprehensive plan for the postwar establishment." In view of the variety, number and immensity of the controversial problems involved, it is likely that many months and probably years will elapse before the enactment of the final plan. Certainly it is well within the realm of possibility, in fact we believe it is a probability, that such a comprehensive plan will not even be presented to the Congress before this session ends. H. R. 3755 was reported unanimously by the House Committee and passed unanimously by the House. There is no just reason for delaying its final enactment.

The statement of the Surgeon General is most open in its admissions of the fact that the postwar plan has barely gone beyond the stage of being considered. It has not even jelled into its embryonic form. The Surgeon General later in his statement freely states that "the described form of organization is only one of several variants." With the many issues involved we do not wish to be submerged in the currents and cross currents nor should a situation which admittedly needs remedying be postponed for many months and quite likely for years.

This is particularly true because at the present time—right now and not eventually—there are still a number of optometrists in the Army who are being kept there even though they have sufficient points for discharge. Under War Department Memo 615-45, August 31, 1945, optometrists are listed as critically needed specialists and in practically all of the separation centers a number of optometrists are now being retained in the service even though entitled to discharge if they were not optometrists. Most of them have served overseas and have more than earned a commission.

Finally the passage of this bill and the establishment of an Optometry Corps will not create any problem of importance to the War Department or the Surgeon General, if, when, and as the "comprehensive plan for the postwar establishment" finally reaches the stage where it is to be put into effect. The questions and answers which issued between the chairman of the committee and the Surgeon General brought forth that there still are and there still will be a number of separate corps even under the new organization. In addition to the Medical Corps there is contemplated a continuation of the Dental Corps, the Nurses Corps,

and the Veterinary Corps. The plan proposes the unification of the Medical Administrative Corps, the Pharmacy Corps, and the Sanitary Corps. Therefore since we have always felt that our cause is just and its justice has been admitted by the Surgeon General's Office, we should not be indefinitely deferred, and an Optometry Corps established now can well and easily be taken care of in the reorganization plan when it comes into existence. In fact, it will make it more effective because of the experience gained in the interim, be it great or small.

Three things were apparent:

- (1) The postwar plan is nebulous—their intentions are honorable but remote.
- (2) Optometrists entitled to discharge are still held in the Army because their professional services as such are critically needed.
- (3) The reorganization problem will be simplified rather than complicated if there are officer optometrists in the Army when it is put into effect.

Therefore, may we conclude our comments with our opening query, "Eventually, why not now?"

(Statement submitted by Representative Johnson of Oklahoma follows:)

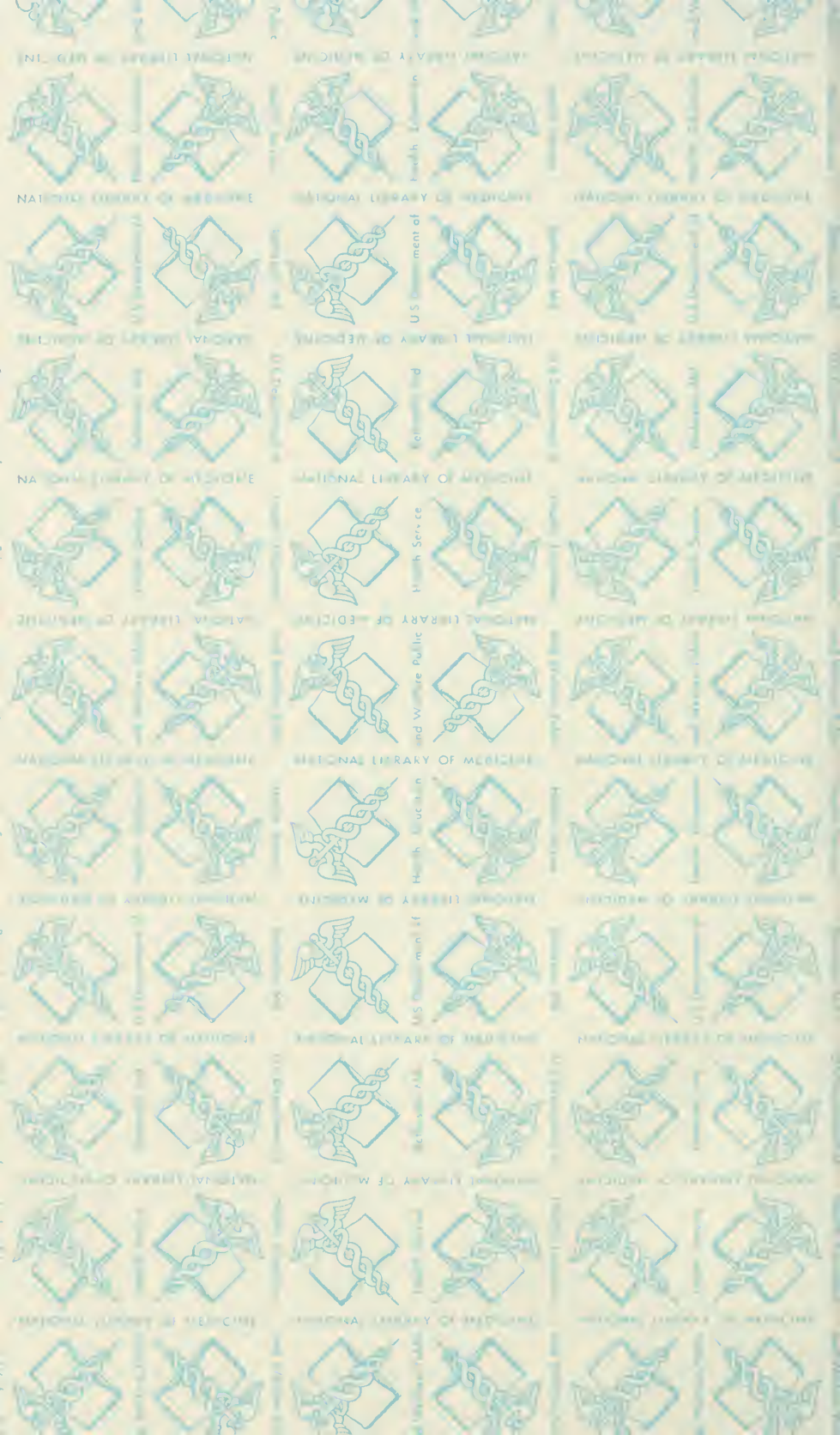
I favor H. R. 3755, introduced by the gentleman from Missouri, Mr. Short. I am somewhat familiar with the provisions of the bill. I know it proposes by a statute to help the Army make up its mind to recognize optometrists as a profession and to give men of this profession respectable recognition in the Army. I know quite a number of optometrists and I am somewhat familiar with their situation in the Army. It has been repeatedly called to my attention that the Army has not given proper recognition to optometrists in the Army and it occurs to me that the proposed bill is a meritorious but belated effort to grant that recognition.

I am fully convinced that optometrists are well-trained and qualified to take care of the visual problems of the people in this country. They do so in civilian life and do a very satisfactory job of it. They are part and parcel of our civilian life and the great majority of our people when they discover that they have trouble with their eyes think of going nowhere else except to the optometrist.

There is no reason why these same services which the optometrists render so efficiently in civilian life should not be utilized and recognized in the Army. The need for perfect vision is even greater in the Army than in civilian life because life itself is dependent upon it when the soldier is engaged in battle. Aside from unjust discrimination against optometrists, the fact that they are not commissioned and have not a corps of their own leads to inefficiency. It leads to lack of uniformity of eye care insofar as refractions are concerned and disrespect for the care given when it comes from someone who is only a private or corporal.

In my opinion, and after the consideration which I have given to the matter, I most strongly recommend favorable consideration of the bill by the committee and that it be reported out favorably.

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